

(6/30/08) CCM 0124 B

ANSWER OF THIRD PARTY RESPONDENT CITATION

This first section must be filled out by the judgment creditor.

Citation/Respondent: ALPINE BANK Court Date: 1-6-2010
 Defendant's Name: SIDES MANUFACTURING, INC. SS No. xxx-xx- Case No. 09 C 50011
 Judgment Balance: \$ 372,837.79

This is a Citation: Freeze up to double the Judgment Balance.

INTERROGATORIES

1. On the date of service of the citation, did you have in your possession, custody or control any personal property or monies belonging to the judgment debtor? ☐ Yes ☒ No No record of debtor

IF THE ANSWER IS "YES" GO TO NEXT QUESTION. IF "NO" GO TO INSTRUCTIONS.

2. Is this an IRA account? Or have all of the deposits made during the past 90 days been electronically deposited and identified as exempt Social Security, Unemployment Compensation, Public Assistance, Veteran's Benefits, Pension or Retirement or by a source drawing from any other statutory exemptions? ☐ Yes ☐ No

IF THE ANSWER IS "YES" GO TO NEXT QUESTION. IF "NO" GO TO INSTRUCTIONS.

3. Is/Are the account(s)' current balance equal to or less than the total of the exempt deposits? ☐ Yes ☐ No

IF YOU ANSWERED "YES" TO ALL 3 QUESTIONS AND FUNDS IN THE ACCOUNT(S) ARE EXEMPT, DO NOT FREEZE THE FUNDS AND GO TO "INSTRUCTIONS" BELOW.

	ACCOUNT BALANCE	AMOUNT WITHHELD
A) Savings Account	\$ _____	\$ _____
B) Check/MMA/Now Account	\$ _____	\$ _____
C) Certificate of Deposit	\$ _____	\$ _____
D) Trust Account/Other	\$ _____	\$ _____
(Describe) _____		
E) Safety Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		
F) Land Trust No. _____		
G) Less Right of Offset for Loans		\$ _____

TOTAL AMOUNT FROZEN:

5. List all electronic deposits into account(s) and their source(s) except deposits:

Account Number	Source	Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

6. List all joint account holders or adverse claimants:

Name	Address	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> CD Savings	Account Number
_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> CD Savings	_____
_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> CD Savings	_____
_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> CD Savings	_____

INSTRUCTIONS

(1.) Fill out and sign the certification below. (2.) This Answer must be filed at least three (3) days before the court date to assure timely processing. (3.) Fax or mail a copy of this Answer to (i) the Court, (ii) Plaintiff's attorney and (iii) Judgment Debtor. Address to mail to the Clerk of the Court, U.S. Courthouse, 219 S. Dearborn, 20th Floor, Chicago, IL 60604. You will receive a copy of a Court Order by fax or mail instructing you how to proceed and where to send any withheld funds.

CERTIFICATION

Under the penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct and that I have mailed this Answer to Defendant(s).

Date: 12/8/09
 Respondent Name: Alpine Bank
 Address: 6838 E. State St Rockford IL 61108
 Telephone: 815-231-2831
 FAX: 815-231-2842

Print Agent Name: Anna Hallstrom
 Signature of Agent: Anna Hallstrom

